
Organizational Provider Assessment and Reassessment Policy

1. Purpose

The purpose of the policy is to define the organizational providers that require assessment and the general process for initial assessment and reassessment evaluation.

Priority Health developed an Organizational Provider Credentialing Assessment and Reassessment Policy to ensure that contracted organizational providers, as defined in this policy, meet the criteria and qualifications as set forth by Priority Health.

2. Policy

It is Priority Health's policy to exercise reasonable care in selecting, and to review and periodically evaluate, the organizational providers included in the Priority Health network. Using the Priority Health Organization criteria identified in the appendices below, Priority Health will initially assess and periodically reassess the following organizations:

Organization Appendix A – Hospitals, Home Health Care, Infusion (Ambulatory, Home), Skilled Nursing Facilities, Long Term Acute Care

Organization Appendix B – Other Healthcare Organizations:

- Community Based Health Clinics (Convenient Care Centers, Walk-in Clinics)
- ESRD (End Stage Renal Disease) providers
- *Federally Qualified Health Centers
- Hospices
- Laboratories
- Rehab facilities (PT, OT, ST)
- Retail Health Clinics
- *Rural Health Clinics
- School Based Health Clinics
- *Tribal Health Clinics
- Urgent Care facilities
- Virtual Providers (Telemedicine)

(*Refer to the criteria for individual provider participation. Providers within these organizations are individually credentialed)

Organization Appendix C – Behavioral Health Facilities providing Mental Health or Substance Abuse services in an inpatient, residential or ambulatory setting

- Organizations not meeting the criteria will be processed as a provider group and the providers will be individually credentialed according to criteria for individual provider participation.

Organization Appendix D – Free Standing Ambulatory Surgery Facilities (ASF) Level III Only

Organization Appendix F – Sleep Disorder Clinics

The initial assessment process assists Priority Health in determining whether or not to grant network membership to an organizational provider. Priority Health will collect, review and verify specific Entities will reference associated Documentation contained within this document as applicable
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information regarding these organizational providers to determine whether the organizational provider meets established Priority Health criteria (see Organizational acceptance/continued participation criteria A-F).

Reassessment is the process through which Priority Health will update and verify all pertinent information regarding network organizational providers. It is Priority Health's policy to reassess these organizational providers at least triennially.

A. Application Process

This Assessment and Reassessment Process applies to all organizational providers included in or seeking membership in the Priority Health network, as defined in the policy and the Organizational Criteria.

B. Criteria

1. An organizational provider that desires to participate in the Priority Health network must submit a completed initial organizational application form and/or provider information form(s), as applicable to Priority Health. An organization must fulfill all Criteria for participation in the Priority Health organizational provider network. Priority Health may offer the organizational provider a contract only if the organizational provider satisfactorily meets the specified Criteria.
2. Organizational Providers in the Priority Health network must continuously fulfill the Criteria. Priority Health will determine whether each organizational provider continues to satisfy the Criteria by reassessing each organizational provider from time to time that will include, without limitation, review of information regarding good standing with state and federal regulatory bodies, accreditation status, and quality assessment if the provider is not accredited.

C. The Assessment and Reassessment Processes

1. Throughout the assessment and reassessment process, the organizational provider is responsible for:
 - a) responding to requests for information made by Priority Health; and
 - b) keeping Priority Health informed of any changes in its status relative to the criteria. For example, an organizational provider should notify Priority Health immediately regarding any:
 - (i) preclusion and/or exclusion from the Medicare or Medicaid programs, including but not limited to any actions taken for non-compliance;
 - (ii) cancellation of professional and/or general liability coverage;
 - (iii) loss of Michigan Health licensure;
 - (iv) loss of accreditation from a recognized accrediting body.
2. Prior to contracting with an organizational provider, Priority Health will confirm or obtain information relating to the organizational provider applicant with various sources, including, but not limited to:
 - a) document current status of malpractice insurance with the organizational provider;

- b) verify that the provider has met all state and federal licensing and regulatory requirements;
 - c) verify whether a recognized accrediting body has approved the provider; OR
 - d) conduct an onsite quality assessment.
 - i. In the event that the provider is accredited, has passed a CMS or state survey, or meets a rural exception, the onsite quality assessment will be waived.
 - e) verify status with Medicare and/or Medicaid for sanctions, preclusions, and exclusions.
3. Priority Health will review the information collected at initial assessment and verify that the organization meets participation Criteria.
 4. In the case of an organizational provider being reassessed, Priority Health will review any information regarding the effectiveness and efficiency of the organizational provider since the initial or most recent assessment including but not limited to:
 - a) Confirming that the provider continues to be in good standing with state and federal regulatory bodies and is reviewed and approved by an accrediting body; or
 - b) Conducts an onsite quality assessment, as applicable
 5. Priority Health may inspect, initially and from time to time, organizational provider's physical plant and determine whether the site complies with applicable regulations and is appropriate for use by Priority Health members. See the Organizational Criteria for requirements regarding site visits for organizational providers.
 6. The Chief Medical Officer may immediately terminate the organizational provider from participation in the Priority Health network, pending review, if the Chief Medical Officer determines that the organizational provider has materially breached this policy. The Chief Medical Officer shall give the organizational provider notice of any termination as defined in the provider's contract.

D. Credentialing for Employed Providers

1. Organizational provider agrees to accept responsibility for credentialing and recredentialing all physicians, nurse midwives, physician assistants, nurse practitioners, and other licensed professional providers, including locum tenens providers, whom organizational provider directly employs or contracts with.
2. Organizational provider shall, as applicable, provide Priority Health a written copy of its internal credentialing and recredentialing policy, which shall meet National Committee for Quality Assurance and Michigan Department of Community Health requirements and be acceptable to Priority Health.
3. Organizational provider represents and warrants that all providers employed by Organizational provider comply with organizational provider's credentialing and recredentialing policy.
4. Organizational provider agrees to allow Priority Health to monitor the effectiveness of the organizational provider credentialing and recredentialing policy through the review of credentialing and recredentialing files, discussion with providers employed by organizational provider and other actions as determined by Priority Health.

Entities will reference associated Documentation contained within this document as applicable
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5. Priority Health shall retain the right to credential and recredential all providers employed by organizational provider and the right to prevent such providers from providing services to a Member of Priority Health even if the organizational provider has credentialed the provider.

3. Revisions

12/94, 11/98, 11/3/99, 12/6/00, 9/5/01, 10/2/02, 10/1/03, 11/3/04, 7/1/09, 8/3/2011, 12/7/11, 8/30/19, 12/18/2023, 1/15/2025

Priority Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

4. References

Assessment Grid for Ancillary Providers, Organizational Participation Criteria, CR 1, CR 7, Medicare Managed Care Manual (Chapter 6: Relationship with Providers).